

**City of Torrance Community Services Department λ (310) 618-2838**

**ACTIVITY** ADULT BASKETBALL **YEAR** 2012 SUMMER **LEAGUE DAY** \_\_\_\_\_ **DIV** \_\_\_\_\_ **CT#** \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_ **MANAGER'S NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

The following statement is to be read by each player before signing roster: By my signature on this roster, I acknowledge and understand that this sport entails some risk to the safety of my person and property. I am participating in said sport with full knowledge and acceptance of said risk, and release the City liability in case of accident or injury.

**\*\*PLEASE PRINT NAME LEGIBLY. EACH PLAYER ADD SHIRT SIZE (M, L, XL, XXL, XXXL)**

PRINTED NAME	SIGNATURE	SHIRT SIZE	ADDRESS, CITY, ZIP CODE	PHONE/EMAIL
1.				HM: :
2.				HM: :
3.				HM: :
4.				HM: :
5.				HM: :
6.				HM: :
7.				HM: :
8.				HM: :
9.				HM: :
10.				HM: :
11.				HM: :
12.				HM: :
13.				HM: :
14.				HM: :
15.				HM: :